

For office use:
ID
Date:
Staff Member:

Membership Form 5777 (2016/17)

				En	Email		
				Email			
Family name	Home Phone ()						
Home Address							
Children:							
Name	DOB		M/F	Sc	hool		
Name	DOB		M/F	Sc	hool		
Name	DOB		M/F	Sc	hool		
Name	DOB		M/F	Sc	hool		
I would like to becom	e a Member	of the JRCC	C at:				
JRCC Branch □ S Richmond Hill □ Concord □ West Thornhill □ East Thornhill □ South Thornhill □ 18 Rockford □ JRCC of Ontario As a: □ Basic \$1200 (\$100 □ Gold \$1800 (\$150 a) □ Other	& Maple a month) a month)	Rabbi Avrol Rabbi Levi I Rabbi Mend Rabbi Levi I Rabbi Yisro Rabbi Yosej	Jacobson lel Zaltzm Blau el Karpilo	nan ovsky	50 Marc S 411 Confe 525 New 7608 You 1 Cordob 465 Patric	a Dr. cia Ave.	
Payment method: ☐ Cheque ☐ Ca ☐ Credit card #					Amount	_ Signature	
Frequency: ☐ One Time Paymen	t						
☐ Monthly: Beginning	ng /	YEAR	_ throug	gh	_//	YEAR	
	Pleas	e remit form	with pay	ment.			

Mail to: 5987 Bathurst St. #3 Toronto, ON M2R 1Z3

Phone 416-222-7105 • Fax 416-222-7812 • Email jrcc@jrcc.org • Web www.jrcc.org

^{*} Membership (in any location) grants two complimentary High Holiday seats, (at any location). Exodus Subscription is Included.